

EXHIBIT A

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052021126722

CERTIFICATE OF DEATH

3202107003151

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
SHIRLEY		BARTSCHI	
2. MIDDLE		4. DATE OF BIRTH	
NELL		02/03/1944	
5. AGE		6. SEX	
77		F	
7. DATE OF DEATH		8. HOUR (24 Hours)	
05/01/2021		1405	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
AR		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARRIAGE STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - Highest Level/Grade		14. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
OFFICE MANAGER		COURT REPORTING FIRM	
17. YEARS IN OCCUPATION		18. YEARS IN COUNTY	
27		15	
19. DECEDENT'S RESIDENCE (Street and number, or locality)		20. STATE/FOREIGN COUNTRY	
2409 PINE KNOLL DRIVE UNIT 5 ENTRY 5		CA	
21. CITY		22. COUNTY/PROVINCE	
WALNUT CREEK		CONTRA COSTA	
23. ZIP CODE		24. YEARS IN COUNTY	
94595		15	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S RESIDENCE (Street and number, or locality, city or town, state and zip)	
KIM PETERSEN, DAUGHTER		4768 AUBREY DRIVE, CASTRO VALLEY, CA 94546	
27. NAME OF SURVIVING SPOUSE/PROX - FIRST		28. MIDDLE	
-		-	
29. LAST BIRTH NAME		30. LAST BIRTH NAME	
-		-	
31. NAME OF FATHER/PROX - FIRST		32. MIDDLE	
NEAL		LLOYD	
33. LAST BIRTH NAME		34. BIRTH STATE	
BARTSCHI		AR	
35. NAME OF MOTHER/PROX - FIRST		36. MIDDLE	
AMIDEE		HILDA	
37. LAST BIRTH NAME		38. BIRTH STATE	
JACKSON		AR	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
05/12/2021		ROLLING HILLS MEMORIAL PARK	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR	
-		CHRISTOPHER FARNITANO, MD	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER	
CALLAGHAN MORTUARY		FD416	
47. DATE		48. SIGNATURE OF LOCAL REGISTRAR	
05/11/2021		CHRISTOPHER FARNITANO, MD	
101. PLACE OF DEATH		102. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> SNOW <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
103. COUNTY		104. CITY	
CONTRA COSTA		WALNUT CREEK	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality)		106. CITY	
2409 PINE KNOLL DRIVE UNIT 5 ENTRY 5		WALNUT CREEK	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Ovarian Cancer with Omental Metastasis		109. DEATH REPORTED TO CORONER?	
110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		112. AUTOPSY PERFORMED?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		116. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Absent Since Decedent Last Seen Alive		SUREKHA URVA M.D.	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER	
03/16/2021 04/30/2021		A60822	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE	
-		-	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
-		-	
125. LOCATION OF INJURY (Street and number, or locality, and city and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
-		-	
127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
05/13/2021		CHRISTOPHER FARNITANO, MD	
129. STATE REGISTRAR		130. FAX AUTH.	
A B C D E		CENSUS TRACT	
131. STATE REGISTRAR		132. FAX AUTH.	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 05/13/2021



100142337

Christopher Farnitano, MD
CHRISTOPHER FARNITANO, MD
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052021126722

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202107003151

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST SHIRLEY	1B. MIDDLE NELL	1C. LAST BARTSCHI
	2. SEX F	3. DATE OF EVENT—MM/DD/YYYY 05/01/2021	4. CITY OF EVENT WALNUT CREEK
	5. COUNTY OF EVENT CONTRA COSTA		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD NEAL LLOYD BARTSCHI		
7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD AMIDEE HILDA JACKSON			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
26	KIM PETERSEN, DAUGHTER	KIMBERLY TOTI PETERSEN, DAUGHTER
27	4768 AUBREY DRIVE, CASTRO VALLEY, CA 94546	4768 AUDREY DRIVE, CASTRO VALLEY, CA 94546

LIST ONE
ITEM PER
LINE

2 OF 2

REASON FOR
CORRECTION

11. TO CORRECT SPELLING IN ITEMS 26 AND 27.

AFFIDAVITS
AND
SIGNATURESTWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON GWYN BAILEY	12B. PRINTED NAME GWYN BAILEY	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 3833 EAST AVENUE, LIVERMORE, CA 94550	12E. DATE SIGNED—MM/DD/YYYY 05/12/2021	
13A. SIGNATURE OF SECOND PERSON DEANNA BROWN	13B. PRINTED NAME DEANNA BROWN	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL COORDINATOR
13D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 3833 EAST AVENUE, LIVERMORE, CA 94550	13E. DATE SIGNED—MM/DD/YYYY 05/12/2021	

STATE/LOCAL
REGISTRAR
USE ONLY

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 05/12/2021
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



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FORM VS 24a (REV. 1/08)

1.1

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CHRISTOPHER FARNITANO, MD
COUNTY HEALTH OFFICER

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CA CONTRA01